

REQUEST FOR DE-IDENTIFIED DATA SET FROM THE MONTANA CENTRAL TUMOR REGISTRY

Date _____

Investigator _____

Affiliation _____

Address _____

City _____ State _____ Zip _____

Telephone: (____) ____ - _____ E-mail _____

Title of Project _____

Is this a ____ First Request or a ____ Revised Request?

If Investigator is a graduate student, name of Chair/Preceptor _____

DPHHS Use Only

Sign and Date:

	Chair, Data Use Review Committee	Chief, Chronic Disease Prevention Bureau	Administrator, Public Health and Safety
Approved	_____	_____	_____
Provisional approval	_____	_____	_____
Provisional disapproval	_____	_____	_____
Disapproved	_____	_____	_____
Refer to Legal Counsel	_____	_____	_____

Disposition, including brief description of reason(s) for provisional status or disapproval if applicable:

Date letter sent to Investigator (attach copy) _____

Status of Institutional Review Board or Human Subjects Protection Committee approval process:

- ___ Approval complete (Attach copy as Attachment A. Be sure effective dates are clearly indicated.)
- ___ Application in process with (specify IRB) _____
(Note: Provisional approval may be granted, pending completion of the IRB process. Data will not be released without documentation of final IRB approval.)

Data Requested:

Years: _____ to _____

___ Statewide data

___ County data (Specify county(s)) _____

List variables requested

1. Brief summary of project (Attach complete Study Protocol as Attachment B): Describe all uses you will make of the information we provide.

2. Describe physical and electronic security measures you will use to protect the data.

3. Summarize the research design and statistical methods to be used. (Refer to specific portions of the protocol attached.) The Data Use Review Committee reserves the right to specify minimum cell size for summary tables and other statistical reports to protect confidentiality of the data.

4. Will employees or subordinates of the Investigator have access to this data set? If yes, list all name(s), title(s), reason for access, and extent of access. Describe why it is necessary that these individuals have access to the data set.

Note: Data from the Montana Central Tumor Registry may not be released to third parties through any mechanism. Only direct employees or subordinates of the applicant may, if approved, have access if this is necessary to the completion of the project and occurs in the course of their routine duties. The applicant's signature on this request and on the Data Use Agreement attests to his or her acceptance of the responsibility to ensure that employees or subordinates comply with the terms of the Data Use Agreement.

5. Will you be working with any colleagues, contractors, or subcontractors not named as direct employees in Item 4 above, who need access to this data set? If yes, list all name(s), title(s), affiliation(s), and role(s) in this project. Describe why it is necessary that these individuals have access to the data set. **Each of these individuals must provide a separate signature page in this request. Please submit all related materials in a single packet.**

6. If the applicant is a graduate student, please attach a letter stating that the graduate preceptor or committee has approved the professional paper, thesis, or dissertation topic and research plan as Attachment C.

7. Describe the form of the final report or other product of this project and list the people or entities who will receive copies, whether paper or electronic. Copies must be furnished to the Montana Central Tumor Registry.

Note: Any published report or analysis based on data provided by the Montana Central Tumor Registry must contain the following statement, prominently displayed:

Data used in this [study / report] were provided by the Montana Central Tumor Registry, Montana Department of Public Health and Human Services. The analysis of these data and the conclusions based on that analysis are the sole responsibility of the authors.

Note: Aggregate and summary statistics in any report based on data from the Montana Central Tumor Registry must comply with cell suppression and minimum cell size guidelines provided by the Montana Central Tumor Registry's Data Use Review Committee and specified in the Data Use Agreement.

Signatures: Separate Data Use Agreements are required for each colleague, contractor, subcontractor, or other entity who will have access to the data set supplied by the Montana Central Tumor Registry. Provide those individuals with copies of this entire document and obtain original signatures from each. Submit all copies as a single request packet.

Statement and Signature of ____ Primary Investigator or ____ Colleague/Contractor:

I agree not to release, or allow to be released, information received from the Montana Central Tumor Registry to any individual or entity other than those identified in this request.

I agree that data will not be used to attempt to identify individuals, conduct linkage to other data sets, follow-back, or direct contact, and that the data will be used only for the purposes described in this agreement.

I understand that I am responsible to ensure that employees and subordinates named in Item 4, page 4 comply with the terms of this Data Use Agreement.

I understand that violations of the terms of this agreement will automatically result in voiding this agreement and loss of access to Montana Central Tumor Registry data, and could lead to legal prosecution under the provisions of applicable Montana statutes and federal laws.

I understand that there will be a \$50.00 fee for the preparation of a Data Use Agreement.

____ I agree to pay this fee prior to the release of the data set.

____ I am a graduate student and request waiver of this fee.

Name (type or print): _____

Signature: _____

Title: _____

Affiliation: _____

If investigator is a graduate student,

Name (type or print) of chair of graduate committee: _____

Signature of chair of graduate committee: _____

Title: _____

Affiliation: _____

Address: _____

Phone: _____ **e-mail:** _____